



**ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
DIVISION OF CHILD SUPPORT ENFORCEMENT**

PO Box 40458 Phoenix 85067 (602) 252-4045

Janet Napolitano  
Governor

Tracy L. Wareing  
Director

Today's DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

RE: ATLAS Case Number \_\_\_\_\_

**NON-CUSTODIAL PARENT REQUEST FOR REVIEW OF ARREARS**

I have reviewed the court order and payment records/debt information DCSE provided. I do not agree with the arrears/debt balance from the Division of Child Support Enforcement (DCSE) because: (Please check all that apply.)

- ( ) Direct payments were made to the custodial parent; I am providing copies of cancelled checks or an affidavit of direct pay from the custodial parent.
- ( ) The child(ren) is/are emancipated, deceased or adopted. (Proof must be attached)
- ( ) I do not owe **any** past-due support. (Proof must be attached)
- ( ) My court order was changed and DCSE records do not show the changes. (Proof must be attached)
- ( ) A legal change in custody was made; the court order is attached.
- ( ) DCSE does not have a complete pay history; a payment history is attached.
- ( ) Other \_\_\_\_\_

*(If necessary, please use the other side of this document to list your reasons for your request.)*

\_\_\_\_\_  
*Non-Custodial Parent Signature*

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